

NATIONAL PARK SERVICE
CASTILLO DE SAN MARCOS NATIONAL MONUMENT
1 South Castillo Drive, St. Augustine, FL 32084
Application for Photography/Filming Permit - Short Form

Company Name: _____	Project/Client Name: _____
Address: _____	Type of Project: _____
City/State/Zip: _____	Producer: _____
Phone #: _____	Photographer/Director: _____
FAX #: _____	Set Contact: _____
Tax ID or Soc. Security #: _____	Local Contact: _____
Location Manager/Agent: _____	Local Phone #: _____
Phone/Beeper #: _____	Start Date: _____ End Date: _____

Summary of Activities and Scene(s):

SCHEDULE BY LOCATION(S) (Includes filming, parking and base camp):

Date	Location	Start Time	End Time	Type of Activity (e.g., film, prep, or strike)

Description of Equipment/Props: _____

Max. Number of Cast and Crew: _____ Number/Type(s) of Vehicles: _____

Use of Roads and/or Trails? (Y/N): _____ Describe: _____

I hereby state that the above information given is complete and correct and that no false or misleading information or false statements have been given. All estimates are reliable to the best of my knowledge and I have the full authority to represent the applicant entity and the project described above.

Signature: _____ Print Name: _____ Date: _____

Title: _____ Company Name: _____

INFORMATION PROVIDED WILL BE USED TO DETERMINE WHETHER A PERMIT WILL BE ISSUED. COMPLETED APPLICATION MUST BE ACCOMPANIED BY AN APPLICATION FEE IN THE FORM OF A CHECK OR MONEY ORDER IN THE AMOUNT OF \$____.00 MADE PAYABLE TO NATIONAL PARK SERVICE. APPLICATION AND ADMINISTRATIVE CHARGES ARE NON-REFUNDABLE.

*This completed application should be mailed to: **Special Use Permit Coordinator, Castillo de San Marcos National Monument, 1 South Castillo Drive, St. Augustine, FL 32084.***

Paperwork Reduction Act Statement: This information is being collected to allow the park manager to make a valued judgement on whether or not to allow the requested use. All the applicable parts of the form must be completed.

Estimated Burden Statement: Public reporting burden for this form is estimated to average 30 minutes per response including the time it takes to read, review instructions and complete the form. Direct comments regarding this burden estimate or any aspects of this form to the National Park Service Program Manager, Special Park Uses, Ranger Activities Division, 1849 C Street, NW., Washington, D.C. 20240 and to the Information collection Clearance Officer, Washington Administrative Program Center, 1849 C Street, NW., Washington, D.C. 20240. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number.